

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 10 East Doty Street Suite 701 MADISON WI 53703 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00545194 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [X] April 15 Quarterly Report (Q1) (b) Monthly Report Due On: [ ] Feb 20 (M2) [ ] May 20 (M5) [ ] Aug 20 (M8) [ ] Nov 20 (M11) [ ] Mar 20 (M3) [ ] Jun 20 (M6) [ ] Sep 20 (M9) [ ] Dec 20 (M12) [ ] Apr 20 (M4) [ ] Jul 20 (M7) [ ] Oct 20 (M10) [ ] Jan 31 (YE) (c) 12-Day PRE-Election Report for the: [ ] Primary (12P) [ ] General (12G) [ ] Runoff (12R) [ ] Convention (12C) [ ] Special (12S) (d) 30-Day POST-Election Report for the: [ ] General (30G) [ ] Runoff (30R) [ ] Special (30S)

5. Covering Period 03 / 01 / 2018 through 03 / 31 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. GWIDT, PAUL, , , Type or Print Name of Treasurer

Signature of Treasurer GWIDT, PAUL, , , [Electronically Filed] Date 04 / 11 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		43869.81
(b) Cash on Hand at Beginning of Reporting Period.....	28377.86	
(c) Total Receipts (from Line 19) .....	2375.88	7147.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	30753.74	51017.45
7. Total Disbursements (from Line 31).....	2535.99	22799.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	28217.75	28217.75
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 03 / 01 / 2018 To: 03 / 31 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	786.17	940.17
(ii) Unitemized .....	1589.71	6207.47
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2375.88	7147.64
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	2375.88	7147.64
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	2375.88	7147.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2375.88	7147.64

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	35.99	49.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	35.99	49.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	12750.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	1000.00	10000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2535.99	22799.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2535.99	22799.70

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2375.88	7147.64
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2375.88	7147.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	35.99	49.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	35.99	49.70

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE**

**A. BEVERSDORF, BRETT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1427 SKY LINE DR

City STEVENS POINT	State WI	Zip Code 54482
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-AVIATION & TRAVEL SERVICES
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2018

**Transaction ID : SA11AI.7330**

Amount of Each Receipt this Period  
77.00

Memo Item  
PAYROLL DEDUCTION

**B. BEVERSDORF, BRETT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1427 SKY LINE DR

City STEVENS POINT	State WI	Zip Code 54482
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-AVIATION & TRAVEL SERVICES
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
462.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2018

**Transaction ID : SA11AI.7331**

Amount of Each Receipt this Period  
77.00

Memo Item  
PAYROLL DEDUCTION

**C. COLE, JEFF, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 665 MAPLE AVE

City LAKE BLUFF	State IL	Zip Code 60044
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) AVP-NATL ACCOUNTS PRODS & PRIK
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2018

**Transaction ID : SA11AI.7348**

Amount of Each Receipt this Period  
45.00

Memo Item  
PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	199.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE**

**A. COLE, JEFF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 665 MAPLE AVE  
 City LAKE BLUFF State IL Zip Code 60044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-NATL ACCOUNTS PRODS & PRI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 18 / 2018  
**Transaction ID : SA11AI.7349**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 PAYROLL DEDUCTION

**B. DELASALLE, TERRY MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 ROANOKE RD  
 City BERKELEY State CA Zip Code 94705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGION MANAGER-DO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 03 / 18 / 2018  
**Transaction ID : SA11AI.7351**  
 Amount of Each Receipt this Period 36.00  
 Memo Item  
 PAYROLL DEDUCTION

**C. DUFRESNE, MICHELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5509 ELMWOOD AVE  
 City STEVENS POINT State WI Zip Code 54482  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-WC CLAIMS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 18 / 2018  
**Transaction ID : SA11AI.7449**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	116.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 13  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE**

**A. GUALDERAMA, AMANDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4837 MARIETTA WAY  
 City CARMICHAEL State CA Zip Code 95608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGIONAL GOVERNMENT AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 221.15

Date of Receipt 03 / 04 / 2018  
**Transaction ID : SA11AI.7372**  
 Amount of Each Receipt this Period 44.23  
 Memo Item  
 PAYROLL DEDUCTION

**B. GUALDERAMA, AMANDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4837 MARIETTA WAY  
 City CARMICHAEL State CA Zip Code 95608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGIONAL GOVERNMENT AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.38

Date of Receipt 03 / 18 / 2018  
**Transaction ID : SA11AI.7373**  
 Amount of Each Receipt this Period 44.23  
 Memo Item  
 PAYROLL DEDUCTION

**C. HABERER, MONA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3344 KARROS COURT  
 City EDWARDSVILLE State IL Zip Code 62025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) BUS SEGMENT EXEC - HORTICA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 04 / 2018  
**Transaction ID : SA11AI.7376**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 133.46  
**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE**

**A. HABERER, MONA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3344 KARROS COURT  
 City EDWARDSVILLE State IL Zip Code 62025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) BUS SEGMENT EXEC - HORTICA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 18 / 2018  
**Transaction ID : SA11AI.7377**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 PAYROLL DEDUCTION

**B. LAMKEN, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4570 HAWK HAVEN RD  
 City STEVENS POINT State WI Zip Code 54482  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) CL BUSINESS RELATIONSHIP DIR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.10

Date of Receipt 03 / 18 / 2018  
**Transaction ID : SA11AI.7395**  
 Amount of Each Receipt this Period 37.85  
 Memo Item  
 PAYROLL DEDUCTION

**C. ROBINSON, ELISHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1636 WHISPERING OAKS TRL  
 City MOSINEE State WI Zip Code 54455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-FP&A & PROCESS IMPROVEME  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 18 / 2018  
**Transaction ID : SA11AI.7451**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 122.85  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE**

**A. SAEGER, NICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2360 RIVERS EDGE CT  
 City PLOVER State WI Zip Code 54467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-TRANS PRODUCTS & PRICING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.24

Date of Receipt 03 / 18 / 2018  
**Transaction ID : SA11AI.7419**  
 Amount of Each Receipt this Period 36.54  
 Memo Item  
 PAYROLL DEDUCTION

**B. TOTH, MIKE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4470 RIVER DR  
 City PLOVER State WI Zip Code 54467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-CL PRICING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 03 / 04 / 2018  
**Transaction ID : SA11AI.7430**  
 Amount of Each Receipt this Period 41.00  
 Memo Item  
 PAYROLL DEDUCTION

**C. TOTH, MIKE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4470 RIVER DR  
 City PLOVER State WI Zip Code 54467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-CL PRICING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 246.00

Date of Receipt 03 / 18 / 2018  
**Transaction ID : SA11AI.7431**  
 Amount of Each Receipt this Period 41.00  
 Memo Item  
 PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	118.54
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE**

**A. YEISER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W5261 WINDMILL RIDGE RD  
 City NEW GLARUS State WI Zip Code 53574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-PL CUSTOMER & BRAND DEVEI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.80

Date of Receipt 03 / 04 / 2018  
**Transaction ID : SA11AI.7442**  
 Amount of Each Receipt this Period 48.16  
 Memo Item  
 PAYROLL DEDUCTION

**B. YEISER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W5261 WINDMILL RIDGE RD  
 City NEW GLARUS State WI Zip Code 53574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-PL CUSTOMER & BRAND DEVEI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.96

Date of Receipt 03 / 18 / 2018  
**Transaction ID : SA11AI.7443**  
 Amount of Each Receipt this Period 48.16  
 Memo Item  
 PAYROLL DEDUCTION

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.32
<b>TOTAL</b> This Period (last page this line number only).....	786.17

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MIKE GALLAGHER FOR WISCONSIN**

Mailing Address PO BOX 1027

City  
GREEN BAY

State  
WI

Zip Code  
54305

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**GALLAGHER, MICHAEL, JOHN, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WI District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	8

FEC Identification Number

**C** C00610212

**Transaction ID : SB23.7318**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. RANDY HULTGREN FOR CONGRESS**

Mailing Address PO BOX 717

City  
ST CHARLES

State  
IL

Zip Code  
60174

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**HULTGREN, RANDY, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	8

FEC Identification Number

**C** C00467522

**Transaction ID : SB23.7319**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1500.00

1500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE**

**A. RE-ELECT SENATOR ATKINS 2020**

Full Name (Last, First, Middle Initial)  
330 ENCINITAS BLVD  
SUITE 101

Mailing Address

City: ENCINITAS State: CA Zip Code: 92024

Purpose of Disbursement: NON-FEDERAL CONTRIBUTION

Candidate Name: ATKINS, TONI, , ,

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 03 / 16 / 2018

FEC Identification Number: C

Transaction ID : SB29.7323

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify)

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00